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RECEIVED

JAN 1 8 2007

Form (RF-3)

SUMMARY SHEET

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

Change in Company's premium revision effective 03/01/20	or rate level produced b	y rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Commercial Property Line of Insurance	Volume (Illinois)* 219,915	-20.62%
Does filing only apply to certain t If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization)		
03/01/2007. Insurance Services Of	fice, Inc.	
* Adjusted to reflect all prior ra ** Change in Company's premium leve result from application of new r	el which will	
	BancInsure, In	c.
	Name of Compan	
	William J Haaland, President Official - Tit	dent and CEO

Change in Company's	premium	or r	ate leve	l produced	by	rate
revision effective	8-1-07	_				

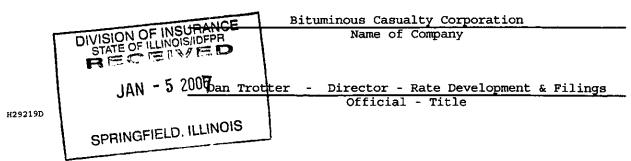
201202011 012002210 2 2 2 1		
(1)	(2) Annual Premium	(3) Percent Change (+ or -)**
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -) **
 Automobile Liability Private Passenger Commercial 		
 Automobile Physical Damage Private Passenger Commercial 		
 Liability Other Than Auto Burglary and Theft 		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Comm. General Lia.	7,575,792	+2.2%
Line of Insurance		
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization revision and GL-2006-RZIP1 territory	n): Adopting ISO's GL-200	
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	rel which will	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR
	Bituminous Casualty Co	SPRINGFIELD III
	•	

Dan Trotter - Director - Rate Development & Filings
Official - Title

Change	in	Company's	premium	or	rate	level	produced	by	rate
revisio	n e	effective	6-1-07						

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u> Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto	-	
4. Burglary and Theft		
5. Glass		
6. Fidelity 7. Surety		
8. Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	
9. Fire		
10. Extended Coverage	· · · · · · · · · · · · · · · · · · ·	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Fire & Allied	840,527	-7.4%
Line of Insurance		
Does filing only apply to certain If so, specify: No	territory (territories)	or certain classes?
Brief description of filing. (If organization, specify organization		
cost Revision		

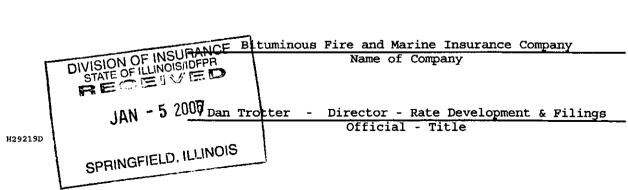
- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.



Change in Company's premium or rate level produced by rate revision effective 6-1-07

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Fire & Allied	246,640	-7.4
Line of Insurance		
Does filing only apply to certain If so, specify: No	territory (territories) or	certain classes?
Brief description of filing. (If organization, specify organization		
cost revision.		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Change in	n Company's	premium	or	rate	level	produced	by	rate
revision	effective	8-1-07						

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial 2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery 9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Comm. General Lia.	25,737	+2.2%
Line of Insurance		
Does filing only apply to certain If so, specify: No Brief description of filing. (If	filing follows rates of a	an advisory
organization, specify organization	n): Adopting ISO's GL-20	U6-EGLI loss cost
revision and GL-2006-RZIP1 territ	ory definition revision	
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	vel which will	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR JAN 1 0 2007
Bi	tuminous Fire and Marine	Insu Space Company
	Name of Compa	TIY WGFIELD !!!!
		TILLINOIS

Dan Trotter - Director - Rate Development & Filings
Official - Title

Change in Company's premium or rate level produced by rate revision effective 3/1/07 New & 4/1/07 Renewal

	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	··· -	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Commercial Umbrella Line of Insurance	\$148,629	-0.08%
Doe	s filing only apply to certain territory (territo	ories) or certain classes? If so, specify:	No
	o ming of my apply to deficient termory (termory		
Brie	f description of filing. (If filing follows rates	s of an advisory organization, specify or	ganization):
	Reduced a few minimum premiums and		·
	Added a new non-insurable risk; Reduce		
	Sexual Misconduct coverage for school of	districts, which is applicable in Nebraska	a and South Dakota.
		* 1	

- * Adjust to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

JAN 1 7 2007

IDEPH (MPC)

DIVISION OF INSURANCE

SPRINGFIELD

COLUMBIA MUTUAL INS. CO.

Name of Company

Official - Title

Dennis McVay, CPCU

Director, Research & Development

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JAN - 9 2007

Form (RF-3)

SUMMARY SHEET

SPRINGFIELD, ILLINOIS

Change in Company's premiurevision effective -18:34		y rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other BOP Line of Insurance	38,677	-18.3%
Brief description of filing. (If organization, specify organization	filing follows rates of ann): We are revising our caphic Arts and RFI	n advisory ompany deviations for
		· · · · · · · · · · · · · · · · · · ·
* Adjusted to reflect all prior: ** Change in Company's premium leresult from application of new	vel which will	
	Graphic Arts Mutual Insur	
	Name of Compar	у
	Conner M. Dadd. Stine Service	ident /Zetue
	George T. Dodd, Vice-Pres: Official - Tit	
	OLLICIAL - IIC.	± ~

(Change in Company's premium or rate	level produced by rate revision effective	4-1-07 NB & 7-1-07 REN
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
_	* *		
2.	Automobile Physical Damage Private Passenger		
	Commercial	111 - 111 - 1	
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	****	
11.	Inland Marine		***************************************
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Employment Practices Liability	1,546	+14.0% Countrywide Overall
	Line of Insurance		
Brief (description of filing. (If filing follows	rates of an advisory organization, specify for your review and approval the follow	

* Adjusted to reflect all prior rate changes.

The required RF-3 is attached for your review.

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JAN 17 2007

SPRINGFIELD, ILLINOIS

Harleysville Insurance Company

Name of Company

Eileen Fisher

Senior State Filings Analyst

Official - Title

(1) Annual Premium Coverage Volume (Illinois)* 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burghary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Employment Practices Liability Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rate as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. * Adjusted to reflect all prior rate changes. * Change in Company's premium leve	C	hange in Company's premium or rate	level produced by rate revision effect	ive 4-1-07 NB & 7-1-07 REN
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices 1,546 +14% countrywide overall Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filling follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. * Adjusted to reflect all prior rate changes. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. DIVISION OF INSURANCE STATE OF ILLINOIS/JOPPR FIRE OF ILLINOIS/JOPPR FI			Annual Premium	Percent
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. * Adjusted to reflect all prior rate changes. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. DIVISION OF INSURANCE STATE OF ILLINOIS/JOPPR RECOMPANCE STATE OF ILLINOIS/JOPPR STATE O		Coverage	Volume (Illinois)*	Change (+ or -)**
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Thet 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices 1,546 +14% countrywide overall Liability Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. PAdjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. DIVISION OF INSUPANCE STATE OF ILLINOIS/IDFPR RECOMPANY Name of Company	1.	-		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. ** Adjusted to reflect all prior rate changes. ** Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company	2.	Automobile Physical Damage		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Other Employment Practices 1,546 +14% countrywide overall 16. Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company		•		
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices 1,546 +14% countrywide overall Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company				
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices 1,546 +14% countrywide overall Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. Adjusted to reflect all prior rate changes. * Adjusted to reflect all prior rate changes. The required RF-3 is attached for your review. But a deductible of Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company		-		
7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices 1,546 +14% countrywide overall 16. Liability Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company STATE OF ILLINOIS/IDEPR FIGURE 17 Note: DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR FIGURE 17 Note: Liability Liability Harleysville Lakes States Insurance Company Name of Company Name of Company				
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices 1,546 +14% countrywide overall Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR BECTED WED JAN 17 2007 Eileen Fisher		•		
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company				
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices 1,546 +14% countrywide overall Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company Name of Company STATE OF ILLINOIS/IDEPR FIRE OF ILLINOIS/IDEPR Eileen Fisher		•		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company STATE OF ILLINOIS/IDEPR FIRE OF ILLINOIS/IDEPR Line of Illinois/IDEPR Line of Illinois/IDEPR Line of Illinois/IDEPR Eleen Fisher				
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices 1,546 +14% countrywide overall Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company STATE OF ILLINOS/IDFPR FIGURE OF INSURANCE Fisher				
13. Commercial Multi-Peril 14. Crop Hail 15. Other Employment Practices 1,546				
14. Crop Hail 15. Other Employment Practices 1,546 +14% countrywide overall Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company Name of Company STATE OF ILLINOIS/IDEPR JAN 1 7 2007 Eileen Fisher				
15. Other Employment Practices 1,546 +14% countrywide overall Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company STATE OF ILLINOIS/IDEPR STATE OF ILLINOIS/IDEPR JAN 1 7 2007 Eileen Fisher		~ · · · · · · · · · · · · · · · · · · ·		
Liability Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company STATE OF ILLINOIS/IDFPR BECTED STATE OF ILLINOIS/IDFPR Like Fisher			1544	1140/
Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company STATE OF ILLINOIS/IDEPR BECOME TO STATE OF ILLINOIS/IDEPR BECOME TO STATE OF ILLINOIS/IDEPR EIGHT TO STATE OF ILLINOIS/IDEPR	15.	Liability	1,546	+14% countrywide overall
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company STATE OF ILLINOIS/IDEPR EILEN Fisher	_ ~			••
With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company JAN 1 7 2007 Eileen Fisher	Does fil	ling only apply to certain territory (ter	ritories) or certain classes? If so, spec	city:
With this filing it is our intent to submit for your review and approval the following revisions applicable to our Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company JAN 1 7 2007 Eileen Fisher	Brief de	escription of filing. (If filing follows	rates of an advisory organization, spe-	cify organization):
Employment Practices Liability program. It is our intent to revise our rates as well as provide a broader range of limits and deductibles. Attached for your review is an actuarial memorandum which describes in detail the changes. The required RF-3 is attached for your review. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company Name of Company Name of Company JAN 1 7 2007 Eileen Fisher	2	some or many (ar many cone are	· · · · · · · · · · · · · · · · · · ·	
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* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Harleysville Lakes States Insurance Company DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FIECTER AND ED JAN 1 7 2007 Eileen Fisher	Emplo	syment Practices Liability program.	,	
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DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR JAN 1 7 2007 Name of Company Side Time Enter Eileen Fisher				
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		JAN 1 (200/		
Senior State Filings Analyst			S	enior State Filings Analyst
SPRINGFIELD, ILLINOIS Official - Title		SPRINGFIELD ILLINOIS	_	Official - Title

Change in Company's premium or rate level produced by rate revision effective February 15, 2007 New; March 20, 2007 Renewal.

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		•
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.			
11.			
12.			
13.		· · · · · · · · · · · · · · · · · · ·	
14.		•	
15.	Other Motorcycle	1.156, 572	-2.77.
	Line of Insurance		
spec.	filing only apply to certain territory (terify: Yes - Policies Between 1001 cc + 1251 confidence of filing. (If filing follows nization): RATE + Rale Revision	c 4 ALSO POLICIRS WITH	FSL A.
**Ch	justed to reflect all prior rate changes. ange in Company's premium level which will sult from application of new rates.		
		PEKIN INSURANCE CON Name of Con	
		name of Col	ii parij

R.M. McGann - Directory of Pricing & Regulatory Filings, Assistant Secretary

Form (RF-3)

SUMMARY SHEET

	Change in Company's premium or ra	te level produced by rate revision effective	3/1/2007
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12. 13.	Homeowners		
13. 14.	Commercial Multi-Peril Crop Hail		
14.	Other 17.0006 D&O	1,180,128	-2.7%
15.	Line of Insurance	1,100,120	-2.170
Does	filing only apply to certain territory (territories) or certain classes? If so, specify:	
Dire Add	ectors and Officers Revised and Amer I new coverage - Privacy Protection C		

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

3 2007 JAN

SPRINGFIELD, ILLINOIS

Progressive Casualty Insurance Company

Name of Company

Vicki L. Hartman Sr. Compliance Specialist

Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

STATE OF ILLINOIS/IDEPR

JAN - 9 2007

Form (RF-3)

SUMMARY SHEET

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		COBINGFIELD, ILLINOIS
Change in Company's premiu revision effective	m or rate level produced	by rate
revision effective -11.28	10-1-7	ļ
	377	(0)
(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other BOP	129,082	-11.2%
Line of Insurance		
Does filing only apply to certain	territory (territories)	r certain classes?
If so, specify:	Collisor, (Collisor)	- COLOULII OLUBBOD.
II so, specify.	*** · · · · · · · · · · · · · · · · · ·	
Brief description of filing. (If	filing follows rates of	an adminarr
organization, specify organization		
organizacion, specify organizacion	ii). We are revising our	Company deviacions for
Graphic Arts and RFI		
	•	
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* Adjusted to reflect all prior	rate changes.	
** Change in Company's premium le	vel which will	
result from application of new	rates.	
-		
	Republic-Franklin Insu	
	Name of Compa	any
	_	

George T. Dodd, Vice-President/Actuary
Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/15/07

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
Liability Other Than Auto		
 Burglary and Theft 		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Directors & Officers	\$4,649,544	-4.4%
Line of Insurance		
Does filing only apply to certain If so, specify: N/A	territory (territories)or	certain classes?

Brief description of filing. (If filing follows rates of an advisory



organization, specify organization):

This letter and the enclosed materials are being submitted as an independent rate/rule filing on behalf of RSUI Indemnity Company.

The purpose of this filing is to submit for your review the 2nd Edition of our Rate and Rule Manual Pages to be used with our Directors and Officers Program. Our 1st Edition of rate/rule manual pages was filed in the summer of 2004. Since that time we have made a number of revisions including cosmetic changes, updates in rating factors and the deletion of unnecessary information. For a more detailed description of all changes please see the attached rate/rule memorandum. Also attached are Exhibits 1 & 2 which lists the changes in our increased limit factors for all three companies, the sum of premium affected, and the percentage of rate increase or decrease.

We would like to constitute this as a new filing rather than a replacement filing since we have developed a new edition in its entirety and it would be complicated to give a page by page comparison. Please see the attached 2nd Edition.

We trust this information is sufficient for your review and request your approval for all new and renewal policies effective 01/15/2007.

Prepared by:

Lindsay Cleveland Regulatory Analyst lcleveland@rsui.com

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Official - Title

			Upon Approval
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
	Private Passenger Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Liability	\$16,881,605	0.0%
	Line of Insurance	<u> </u>	
		ritories) or certain classes? If so, specify:	
Misc	ellaneous Professional Liability. See b	elow description.	
Misc	ellaneous Professional Liability. See b	elow description.	
Brief of We a technic technic service online produce the service on the service of the service o	lescription of filing. (If filing follows re filing the new ACE DigiTech Pro pology liability exposure and \$15 milliology space, with a focus on technologie providers, ranging from low hazard e brokerage firms. Given the competition	rates of an advisory organization, specify or orgam which provides errors and omission or less in gross revenue. It is designed to gy consultants. The program which covers risks such as systems maintenance to high eveness of this market and the minimal nee of essional liability only. See the Explanator	ns coverage to firms with for small companies active in the a diverse mix of technology er, more complex risks such as d for a heavily customized